



Aliados Health

Access | Equity | Advocacy | Innovation

Early Stages of UDS Report Data Validation

Data Workgroup Aug 12, 2025

By Ben Fouts, Data Analyst, Aliados Health

Agenda

- Detail on the New UDS Quality Measures
- UDS/CQM End of Life Exclusions
- The New Version of the Aliados Health Comparison Document
- First Steps for UDS Validation of the Clinical Quality Measures
- 2025 PIP Report Availability
- Configuring the New Pediatric Care Management Report



Detail on the New UDS Quality Measures

Initiation and Engagement of Substance Use Disorder Treatment



Initiation and Engagement of Substance Use Disorder Treatment

One denominator with two reported numerators:

- Numerator 1: Initiated treatment
- Numerator 2: Engagement in ongoing treatment

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who initiated treatment , including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who engaged in ongoing treatment , including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			



Quality Measure Names

There are two separate Quality Measures in Relevant:

- Initiation And Engagement Of Substance Use Disorder Treatment Rate 1 Initiation (UDS 2025 Table 6B)
- Initiation And Engagement Of Substance Use Disorder Treatment Rate 2 Engagement (UDS 2025 Table 6B)



Denominator Description

Denominator definition (for both measures):

- Patients 13 years of age and older as of the start of the measurement period
- Had a UDS visit in measurement period
- Diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period. This diagnosis date is the “SUD Episode Date”

SUD = Substance Use Disorder



Denominator Working Definitions

- **New SUD episode:** earliest encounter with an SUD diagnosis AND no encounter with a diagnosis of SUD or a medication treatment in the 60 days prior
- **SUD diagnosis:** One of the diagnosis codes from the CQM Value Set “Substance Use Disorder”
- **SUD diagnosis period:** measurement period start date to 47 days before the end of the measurement period. *For the calendar year ending December 31, this is the date November 14 (but it will be different for the rolling measurement periods in Relevant)*



Numerator #1: Initiation of Treatment

- Denominator composed of patients with a new episode of Substance Use Disorder (SUD)
- Numerator #1: Was SUD treatment initiated within 14 days after the new diagnosis (i.e, the SUD Episode Date)?
- Treatment initiation is defined by any visits that appear on the Data Element `rdm.substance_use_treatments`



Numerator #1: Initiation of Treatment

Treatment initiation can be:

- A short-acting or long-acting medication (billed HCPCS or a medication RxNorm code) on the SUD Episode Date or within 14 days.
- Psychotherapy (CPT) on the SUD Episode Date or within 14 days
- A telephone or virtual encounter (CPT) with a SUD diagnosis code (ICD10) between the day after the SUD Episode Date and 14 days



Numerator #2: Treatment Engagement

- Numerator #2: Was the patient further engaged in ongoing SUD treatment within 34 days of the initial treatment date?

So, the numerator is composed of patients meeting both of these conditions:

1. Had initiation of treatment (i.e., was in numerator #1 and so had a SUD Treatment Initiation Date) AND...
2. Had treatment engagement



Numerator #2: Treatment Engagement

Treatment engagement can be:

- Treatment with long-acting medication between the day after the SUD Treatment Initiation Date and 34 days. Defined by one visit that appears on the Data Element `rdm.substance_use_treatments` where `treatment_type = 'long-acting medication'`
- Treatments with short-acting medication or psychotherapy between the day after the SUD Episode Date and 34 days. Defined as two visits (can be a mix) that appear on the Data Element `rdm.substance_use_treatments` where `treatment_type = 'short-acting medication'` or `'non-medication'`



Value Sets (Slide 1)

SUD diagnosis (visit diagnosis codes)

- Substance Use Disorder [ICD]
(2.16.840.1.113883.3.464.1003.106.12.1001)

SUD Treatment (Medication)

- Substance Use Disorder Long Acting Medication [RxNorm]
(2.16.840.1.113883.3.464.1003.1149)
- Substance Use Disorder Long Acting Medication Administration [HCPCS] (2.16.840.1.113883.3.464.1003.1156)
- Substance Use Disorder Short Acting Medication [RxNorm]
(2.16.840.1.113883.3.464.1003.1150)
- Substance Use Disorder Short Acting Medication Administration [HCPCS] (2.16.840.1.113883.3.464.1003.1157)



Value Sets (Slide 2)

SUD Treatment (Non-Medication/Psychotherapy)

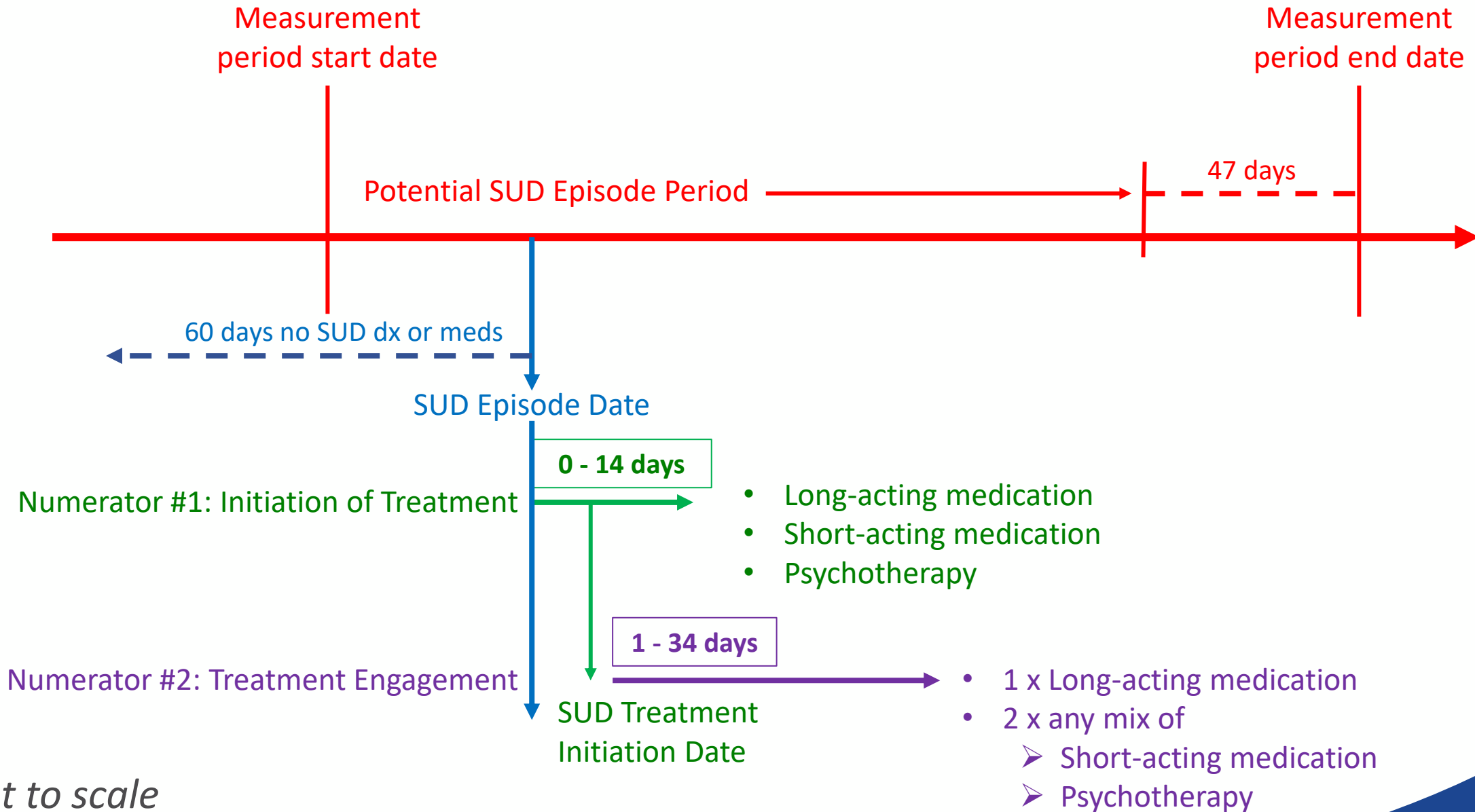
- Substance Use Disorder Treatment [HCPCS]
(2.16.840.1.113883.3.464.1003.106.12.1005)
- Psych Visit Psychotherapy [CPT]
(2.16.840.1.113883.3.526.3.1496)

Example SQL for listing Value Set codes (use the unique Value Set OID):

```
SELECT *  
FROM custom.cqm_value_set_codes  
WHERE latest  
      AND value_set_oid = '2.16.840.1.113883.3.526.3.1496'  
ORDER BY code_system_name, code_value
```



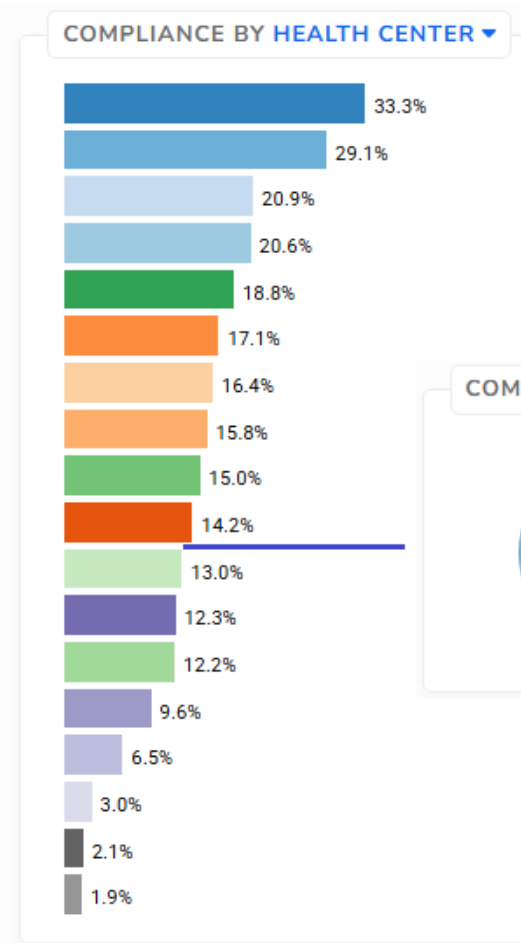
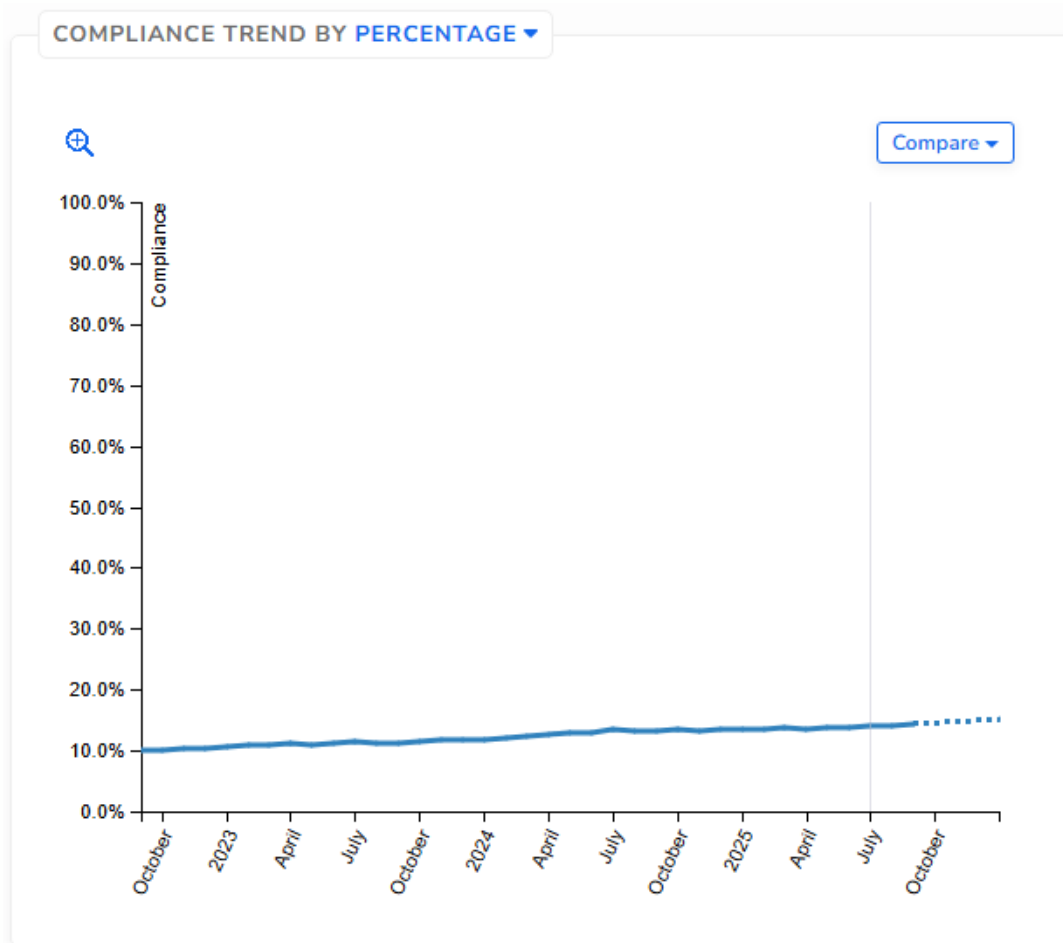
SUD Measure Visualization



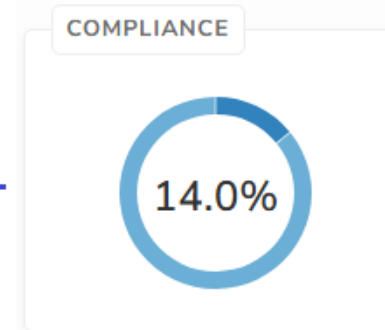
Not to scale



Numerator #1: Initiation of Treatment



Measurement period ending 6/30/2025

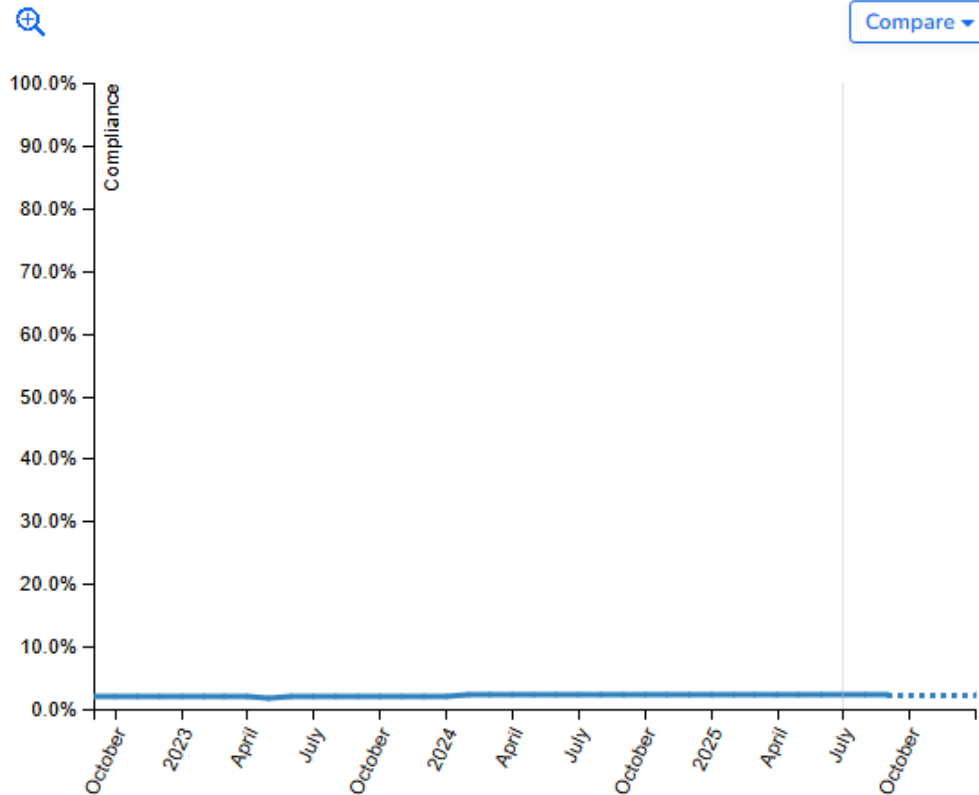


Initial version of measure in Relevant

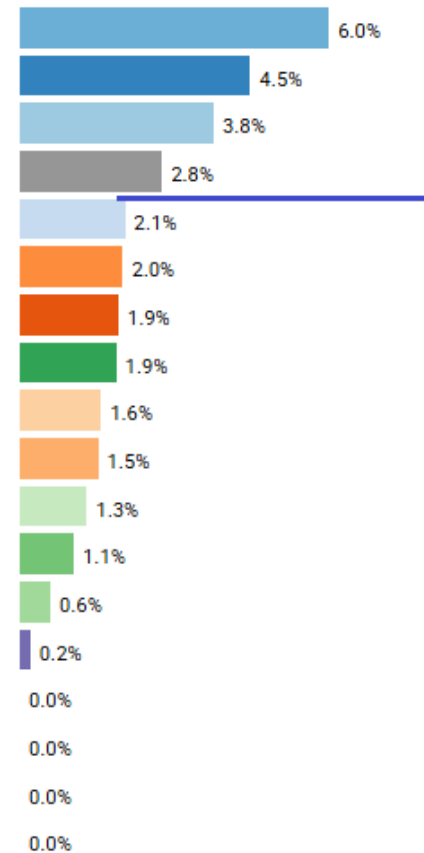


Numerator #2: Treatment Engagement

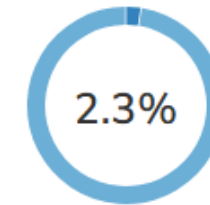
COMPLIANCE TREND BY PERCENTAGE ▾



COMPLIANCE BY HEALTH CENTER ▾



COMPLIANCE



Measurement period ending 6/30/2025

Initial version of measure in Relevant



New Measure Validation Approach

Separate the two reasons why a measure might be under-reporting

1. **Expected data input is not occurring**

- EHR locations for data not identified
- Data workflows not yet established
- Staff inputting the data not yet trained
- Consistency in data input not yet established



New Measure Validation Approach

2. The Data Elements are not correctly capturing the data

- The Data Elements are not yet established or enabled
- The Data Elements are not yet focusing on all of the correct data locations
- Somehow the SQL processing of the data is not yielding the desired results

Note that the new SUD measures are heavily dependent on billing codes



Validation: Use the Measurement Value field

Numerator #1 (example of text)

- SUD Visit (02/28/2024) | Tx not initiated
- SUD Visit (01/11/2024) | Tx init. (non-medication on 2024-01-11)
- SUD Visit (09/23/2024) | Tx init. (non-medication on 2025-06-30) outside of 14 day range
- SUD Visit (03/04/2024) | Tx init. (short-acting medication on 2024-03-04)
- SUD Visit (09/30/2024) | Tx init. (short-acting medication on 2025-02-10) outside of 14 day range
- SUD Visit (06/17/2024) | Tx init. (long-acting medication on 2024-06-17)
- SUD Visit (02/01/2024) | Tx init. (long-acting medication on 2024-08-16) outside of 14 day range



Validation: Use the Measurement Value field

Numerator #2 (example of text)

- SUD Visit (03/21/2025). No initiation within 14 days of SUD visit.
- SUD Visit (03/21/2025). Initiation: Short-Acting Medication (03/21/2025). No engagement within 34 days of initiation.
- SUD Visit (03/04/2025). Initiation: Non-Medication (03/11/2025). Engagement: Non-Medication (03/18/2025), Non-Medication (03/25/2025), Non-Medication (04/09/2025)
- SUD Visit (03/28/2025). Initiation: Short-Acting Medication (03/28/2025). Engagement: Short-Acting Medication (04/04/2025), Short-Acting Medication (04/24/2025), Short-Acting Medication (04/18/2025)
- SUD Visit (10/18/2024). Initiation: Short-Acting Medication (10/18/2024). Engagement: Long-Acting Medication (11/15/2024), Long-Acting Medication (11/15/2024), Short-Acting Medication (10/19/2024), Short-Acting Medication (10/22/2024), Long-Acting Medication (11/11/2024)
- *Plus other possible combinations of engagement*



Validation Ideas (Results Can Feed Into Quality Improvement Efforts)

1. Make sure both measures have the same denominator number
2. Numerator #2 is very likely to have a lower percentage compared to numerator #1
3. Patients in denominator had a new SUD diagnosis. Does the record reflect they had a substance use disorder?
4. Look at patients **not** in numerator #1.
 - ✓ Does it look like they had a substance use disorder? Does it look like it could or should have been recognized?
 - ✓ Does it look like the provider initiated some treatment even though the QM did not capture it?



Validation Ideas (Results Can Feed Into QI)

5. Look at patients in numerator #1. Find patients in each treatment type from the measurement results (short term med, long term med, non-med) and verify the treatment type in the record
6. Look at patients in numerator #2. Find patients in each treatment type from the measurement results (short term med, long term med, non-med) and verify the treatment type in the record
7. Look at patients **not** in numerator #2. Does it look like the provider engaged in some treatment even though the QM did not capture it? Was there something missing in the documentation (e.g., the codes used) or was the documentation there but the Data Element seemed to have missed it?



New Measure Data and Action Workflow

- Clarify your own clinical guidelines around SUD diagnosis and treatment. Ensure that they generally follow the CQM approach and assumptions
- Identify the SUD diagnosis codes that should be put on the visits
- Make sure that mental health providers are using the Psych Visit CPT codes
- List the short-acting and long-acting medications and make sure the Value Sets are identifying them in the Relevant Data Elements
- Patient engagement requires further actions with the patient, so there should be a system of recall



UDS/CQM End of Life Exclusions



End of Life Exclusions

- Some measures exclude patients who are at the end of life because it is less likely they received preventive care services like screenings
- Exclusions include:
 - Frailty
 - Advanced illness
 - Dementia
 - Receiving end of life services like palliative or hospice care, or living in a nursing home



Frailty with Either Advanced Illness or Dementia

Measures with this exclusion:

- Controlling High Blood Pressure
 - Blood Sugar Control Among Patients With Diabetes
 - Colorectal Cancer Screening
 - Breast Cancer Screening
-
- Definition: frailty in the past year and either advanced illness in the past two years or dementia medications in the past two years



Change Advanced Illness Definition

- In 2024, Advanced Illness was defined by visit billing codes from inpatient or outpatient visits (old Data Element was advanced_illness_visits)
- In 2025, Advanced Illness is defined by codes on the Problem List. The current Data Element is rdm.advanced_illness_cases
- Care teams should be aware to add the appropriate diagnosis code to the Problem List for these patients
- The data shows that the old method identified around 3.8% of patients over 66 years of age with Frailty/Advanced Illness while the new method identified 7.3% of patients



Palliative or Hospice Care

- No changes to the measure code or the Data Elements
- Can apply to measures for children or adults
- Fairly rare (overall, each is about 0.1% of all patients)
- Data Elements: Palliative Care Cases and Hospice Care Interventions
- Field on the Data Element `started_on` must contain the date that the care was observed (or when it started). The field `ended_on` can be mapped but is optional (if it is not present, it is assumed the patient is still under this type of care)



Nursing Home Stay

- Exclusion for the same measures as the Frailty exclusion
- Very rare (0.03% of all patients 66 years and older seen for a medical visit in the past year)
- Data Element: Nursing Home Stays (rdm.nursing_home_stays)
- The nursing home Value Sets have CPT and SNOMED codes, but health centers do not normally use these codes. So, the data can come from referrals or structured data
- Old method (more than 2 years ago) used a different Data Element and counted the number of days in long-term care



The New Version of the Aliados Health Comparison Document



Version 23 Will Be Available This Week

- Contains denominator and numerator definitions of each measure

Comparison of Measurements Between Different Projects and Funders (2025 Version)										
Version 23	Note: Quality Measures in Relevant have a measurement period lasting exactly one year between the measurement period start and end dates. Descriptions below refer to this measurement period length, except for Hearts of Sonoma County (which specifies a reporting year).									
Measure Name	UDS/BPHC (2025)		QIP/Partnership (2025)		PHMI HEDIS Rates (2025)		PHMI UDS Rates (2025)		PIP (2025)	
	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator
Colorectal Cancer Screening	<ul style="list-style-type: none"> • (Reference: CMS130v13) • Between 46 and 75 years at the end of the measurement period • Had at least one qualifying encounter during the measurement period • Exclusions: had colorectal cancer; had a total colectomy; received palliative or hospice care at any time during measurement period; aged 66 or older and living in a nursing home any time on or before the end of the measurement period; aged 66 and older with frailty and either advanced illness or dementia medications in the past two years 	Patients with at least one of the following in the time-frame indicated: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) in the year prior to the end of the measurement period • Stool DNA (sDNA) with FIT test in the 3 years prior to the end of the measurement period • Flexible Sigmoidoscopy in the 5 years prior to the end of the measurement period • Computerized tomography (CT) colonography in the 5 years prior to the end of the measurement period • Colonoscopy in the 10 years prior to the end of the measurement period 	<ul style="list-style-type: none"> • (Reference: HEDIS COL) • Continuously enrolled PHP members between 46 and 75 years at the end of the measurement period • Exclusions: had colorectal cancer; had a total colectomy; in hospice or palliative care at any time during the measurement period; aged 66 or older and living in a nursing home any time on or before the end of the measurement period; aged 66 and older with advanced illness and frailty; died during the measurement period 	Patients with at least one of the following in the time-frame indicated: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) in the year prior to the end of the measurement period • Stool DNA (sDNA) with FIT test in the 3 years prior to the end of the measurement period • Flexible Sigmoidoscopy in the 5 years prior to the end of the measurement period • Computerized tomography (CT) colonography in the 5 years prior to the end of the measurement period • Colonoscopy in the 10 years prior to the end of the measurement period 	<ul style="list-style-type: none"> • (PHMI Core Measure) • (Reference: HEDIS COL) • MCP assigned patients between 46 and 75 years at the end of the measurement period • Exclusions: had colorectal cancer; had a total colectomy; in hospice or palliative care at any time during the measurement period; aged 66 or older and living in a nursing home any time on or before the end of the measurement period; aged 66 and older with advanced illness and frailty; died during the measurement period 	Patients with at least one of the following in the time-frame indicated: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) in the year prior to the end of the measurement period • Stool DNA (sDNA) with FIT test in the 3 years prior to the end of the measurement period • Flexible Sigmoidoscopy in the 5 years prior to the end of the measurement period • Computerized tomography (CT) colonography in the 5 years prior to the end of the measurement period • Colonoscopy in the 10 years prior to the end of the measurement period 	<ul style="list-style-type: none"> • (PHMI Core Measure) • (Reference: CMS130v12) • Between 46 and 75 years at the end of the measurement period • Had at least one qualifying encounter during the measurement period • Exclusions: had colorectal cancer; had a total colectomy; received palliative or hospice care at any time during measurement period; aged 66 or older and living in a nursing home any time on or before the end of the measurement period; aged 66 and older with frailty and either advanced illness or dementia medications in the past two years 	Patients with at least one of the following in the time-frame indicated: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) in the year prior to the end of the measurement period • Stool DNA (sDNA) with FIT test in the 3 years prior to the end of the measurement period • Flexible Sigmoidoscopy in the 5 years prior to the end of the measurement period • Computerized tomography (CT) colonography in the 5 years prior to the end of the measurement period • Colonoscopy in the 10 years prior to the end of the measurement period 	<ul style="list-style-type: none"> • Between 46 and 75 years at the end of the measurement period • Had at least one qualifying encounter during the measurement period • Exclusions: had colorectal cancer; had a total colectomy; received palliative or hospice care at any time during measurement period; aged 66 or older and living in a nursing home any time on or before the end of the measurement period; aged 66 and older with frailty and either advanced illness or dementia medications in the past two years 	Patients with at least one of the following in the time-frame indicated: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) in the year prior to the end of the measurement period • Stool DNA (sDNA) with FIT test in the 3 years prior to the end of the measurement period • Flexible Sigmoidoscopy in the 5 years prior to the end of the measurement period • Computerized tomography (CT) colonography in the 5 years prior to the end of the measurement period • Colonoscopy in the 10 years prior to the end of the measurement period



Measure Specifications for:

- UDS/BPHC (2025)
- QIP/Partnership (2025)
- PHMI HEDIS Rates (2025)
- PHMI UDS Rates (2025)
- PIP (2025)
- Hearts of Sonoma County (2025)



First Steps for UDS Validation of the Clinical Quality Measures

Activities to do now



UDS Preparation Ideas

- Make sure all 2025 Quality Measures are enabled and validated
- You may need to make sure the Data Elements are working as intended
- Think about data points that might have changed in 2025 due to regular performance improvement activities. Are there new sources of data (eg, structured data, Smart Phrases, etc.) that should be added to the Data Elements? This takes a bit of knowledge on what the clinical teams are working on.



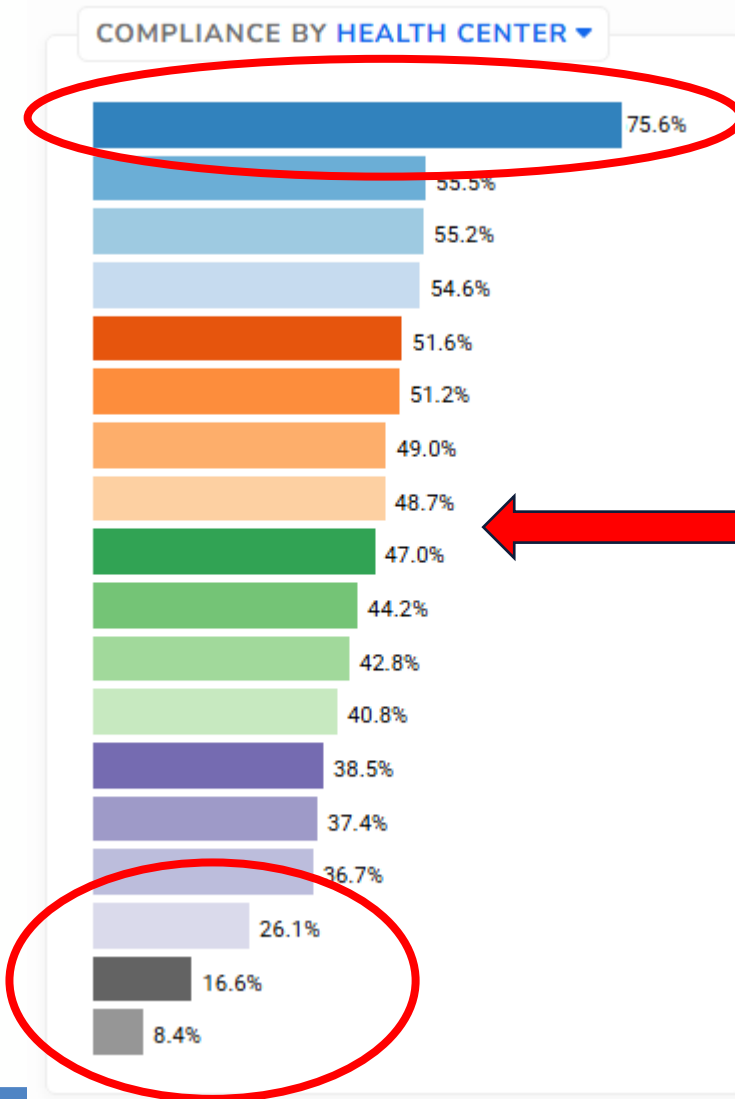
Validation Ideas

- **Idea #1:** Compare measure 2024 versus 2025 measure results. Make sure measures are [temporarily] enabled or run manually so that the most current data can be compared.
- For all health centers associated with Aliados Health using Relevant, the change in the denominator for individual measures did not exceed 1% and the change in numerator did not exceed 0.1%
- Of 21 measures with denominator and numerator in the aggregate Relevant, 13 did not change at all
- Other measures had very small changes due to changes in the Advanced Illness definition or the deceased patient definition

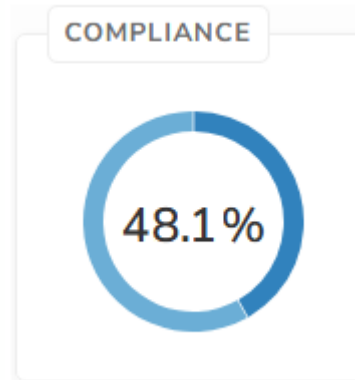


Validation Ideas

- **Idea #2:** Compare your health center to others on the Aliados aggregate



Does this seem excessively high?



Compare to overall average

Does this seem excessively low?



Validation Ideas

- **Idea #3:** Compare the results from the measurement period ending June 30, 2025 to your 2024 calendar year UDS results.
- Note the differences. Are they large? Is the denominator and numerator going up or down?
- Can the differences be explained by improvements to your data entry system or Data Elements?
- Does the difference make sense? Or is it something surprising to note, like a large difference the opposite way that you expect?



Validation Ideas

- **Idea #4:** Break down the composite Quality Measures (Preventive Care and Screening). These have a screening component and then an action component for the positive screens. Measure names:
 - ✓ Body Mass Index Screening and Follow-Up Plan
 - ✓ Screening for Depression and Follow-Up Plan
 - ✓ Tobacco Use Screening and Cessation Intervention
- Look at each component over time. Are there downward trends? Are there major differences between sites, teams, or providers?
- A problem with the action component might be masked by the screening component



2025 PIP Report Availability

New Approach this Year



2025 PIP Report

- Name is “PIP 2025 Measure Results (Official Version)”
- Copied to each PIP health center but left unpublished
- Old approach: measure definitions kept the same year-to-year
- New approach: update the measures so the definitions are the same as the current year specifications



Report Now Based on Quality Measure Results

- Colorectal Cancer Screening (UDS 2025 Table 6B)
- Controlling High Blood Pressure (UDS 2025 Table 7)
- Diabetes: Glycemic Status Assessment Less Than or Equal to 9% (UDS 2025 Table 7, inverted)
- Adolescent Screening for Depression and Follow-Up Plan (2025 PIP for All Patients)
- Breast Cancer Screening for Ages 40 to 51 Years (2025 PIP for All Patients)
- Well-Child Visits in the First 15 Months of Life (2025 PIP for All Patients)



All-Patient Quality Measures

- The non-UDS Quality Measures (“PIP” in the name) were copied but left unpublished. Please validate and enable!
- The following PIP Quality Measures already exist in Relevant as QIP measures but are based on QIP patients
 - ✓ Breast Cancer Screening for Ages 40 to 51 Years
 - ✓ Well-Child Visits in the First 15 Months of Life
- The PIP measures are based on all patients
- Any health center can request the PIP Quality Measures



Snapping to the 2025 QM Definition

The following differences were observed in the measure numerators for all PIP health centers

- Adolescent Depression Screening and Follow-Up (+3.1%)
- Colorectal Cancer Screening (0.0%)
- Controlling High Blood Pressure (0.0%)
- Blood Sugar Control Among Patients With Diabetes (0.0%)
- Six Well Child Checks by 15 Months of Age (+2.1%)



Configuring the New Pediatric Care Management Report



Instruction Manual

- Available from Aliados Health (although it was also e-mailed)
- The basic design of report will work in Relevant, but there are options that the health center might consider and configure

Pediatric Care Management Report Setup Instructions

Version 1, June 2025

These instructions are intended to assist a programmer to configure and customize the Pediatric Care Management Report. Some text in this document refers to the SQL code of the report itself, therefore, knowledge of SQL is necessary to make the changes to the code.

This report is based on an approach to care management developed by Marin Community Clinic (MCC). The Relevant report they created was adapted by Aliados Health for use by health centers using standard tables and code. Thank you, MCC, for sharing the report with us!

Name of report in Relevant: Pediatric Care Management Report (Aliados Health)

Brief Description of the Aliados Health Pediatric Care Management Report

The purpose of this report is to display a list of patients under two years of age who can be ordered and prioritized by their Total Risk Score or Priority Level. The Risk Score is determined by progress in four preventive medical services relative to the patient's age, in months. These services are tied to three Quality Measures that the health center reports to Partnership through the QIP. The Quality Measures are:

- Well-Child Visits in the First 15 Months of Life
- Lead Screening in Children
- Childhood Immunization Status (Pneumococcal and Flu vaccines only)

As the patient progresses in age, certain milestones are passed. At any time, the patient can be assessed and determined to be in compliance with the measure (or parts of the measure, based on age) or behind in services. Because there are cut-off ages for the measures, the closer to the cut-off or the further behind in the services the patient is when the report is run, the higher "at risk" the patient is thought to be. A higher risk score among one or all of the measures should result in higher priority for the health center to contact the patient and complete the necessary preventive services.



Report Availability

- Report will be copied to your instance by Aliados Health upon request
- Reply to the announcement e-mail from Aliados Health in July 2025 with subject “Pediatric Care Management Report Available From Aliados Health”
- The instruction manual was attached to this e-mail



Approach and Design of the Report

- Has been explained in past Data Workgroup presentations and Data Standard and Integrity Council meetings
- Also, a detailed description appears in the instruction manual
- Pediatric measures represented by the report
 - Well-Child Visits in the First 15 Months of Life
 - Lead Screening in Children
 - Childhood Immunization Status (Pneumococcal and Flu vaccines only)



Options/Customization

- The report is not “standard” and so it can be modified by the health center
- Besides risk score weights for the three pediatric measures, there are optional weights the health center might consider
- Besides the default columns in the output, there are optional columns the health center might consider that may help sort or filter the list of patients, or provide information to the case managers who will be using the results
- Some of these options require the health center to add SQL code based on how the data appears in the EHR tables in Relevant



Options for Additional Risk Score Weights

- Partnership QIP denominator (any measure)
- Complex Care Patient (health center definition)
- 3 no-shows in past 3 visits
- 2 no-shows in past 3 visits
- Outside PCP (health center definition)
- No visit during last 18 months



Options for Additional Risk Score Weights

- The health center can decide to use any of these additional weight categories or think of others
- The health center can decide the value of the weight (the instructions list a default value, but this can be changed)
- Some of these options depend on the health center and if the health center even has a working definition (e.g., a “Complex Care Patient”)
- The report features a disabled TEMPORARY TABLE with sample SQL for each of these, but it is highly likely that each must be customized/configured



Options for Additional Columns

- Last date of outreach attempt
- Date of next scheduled medical appointment
- Dental data



Priority Level

- The Priority Level (Highest risk, Medium risk, Low risk, etc.) is assigned to each patient based on the Total Risk Score
- The resulting work-flow for each level is likely different
- For example, the Highest risk level might involve intensive case management depending on staffing and resources at your health center
- How many patients are sorted into each level is under the control of the health center and depends on the work-flow. For example, a health center might conclude that intensive case management is possible only for 100 patients, so the Risk Score limits are set accordingly in the SQL of the report



Example Based on All Patients in the Aliados Health Aggregate

Denominator is all patients under 2 years of age:

Priority Level Text	Priority Level Description	Total Risk Score Limits	Overall Proportion of Patients in Priority Level
1. Level 1	Highest risk	1.2 to 99.9	8.9%
2. Level 2	Medium risk	0.7 to 1.1	25.2%
3. Level 3	Low risk	0.1 to 0.6	29.2%
4. Special Examination Category	Special cases	100.0 or more	20.4%
5. Zero risk score	No risk	0	16.3%

Although the report comes with defaults, the health center can set the Risk Score values that contribute to the Total Risk Score and can set the limits for each Priority Level



Questions?

